

Exhibit A

LLP 140003809
(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Limited Liability Partnership)

PARTNERSHIP'S REGISTRATION NUMBER: _____

The enclosed Statement of Qualification and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LLP 140003809-3
12/19/14--01008--005 **77.50

(Name of Person)

(Firm/Company)

(Address)

RECEIVED
DEPARTMENT OF STATE

14 DEC 19 AM 10:19

(City/State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Person)

At (_____) _____
(Area Code & Daytime Telephone Number)

14 DEC 19 PM 3:47
FILED
FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

W. MILLIGAN
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 12/19/2014

REF. #: 9383470

CORP. NAME: AKERMAN LLP

ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CONVERSION

(XX) OTHER: LLP STATEMENT OF QUALIFICATION

~~FILE SECOND~~

STATE FEES PREPAID WITH CHECK# 70032689 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

(XX) CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:
Akerman LLP

Insert partnership's Florida registration number: OP 1400001589

or
Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP

("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: One SE 3rd Avenue

(If different from current recorded address):
25th Floor
Miami, Florida
33131

4. The street address of principal office in Florida:
(If different from above)

5. The name and Florida street address of the partnership's agent for service of process:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33124

6. This partnership hereby elects to be a limited liability partnership.

7. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 15 day of December, 2014

Signature of a partner or authorized person: John Kunkler

Typed or printed name of person signing above: Andrew M. Smullan, Chairman & CEO

Notarized Copy (Optional) <input type="checkbox"/>	Filing Fee \$100.00 <input type="checkbox"/>
Certified Copy (Optional) <input type="checkbox"/>	Notary \$2.50 <input type="checkbox"/>
(Certificate of Status (Optional)) \$3.75 <input type="checkbox"/>	

'2025 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT
FEE IS \$25.00! REPORT DUE BY MAY 1, 2025

 SECRETARY OF STATE	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
REGISTRATION # LLP140003809	
1. Name and Mailing Address AKERMAN LLP 98 S.E. 7TH STREET., SUITE 1100 THREE BRICKELL CITY CENTRE MIAMI, FL 33131	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.</small>	

3. Principal Place of Business Address 98 S.E. 7TH STREET., SUITE 1100 THREE BRICKELL CITY CENTRE MIAMI, FL 33131

5. Federal Employee Identification Number 59-3117860	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301

9. New Registered Agent's Signature, If Changed The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE</small>
<small>Date</small>

10. General Partner's Signature (REQUIRED) The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.		
SIGNATURE: <u>Jill D. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER</small>	3/24/2025 <small>Date</small>	407/419-8432 <small>Daytime Phone #</small>
E-mail Address: <u>melissa.hill@akerman.com</u> <small>(To be used for future annual report notifications)</small>	<u>O.L. BROWN</u> <small>APR - 2 2025</small>	